

STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTYNOTICE OF ARREARAGE  
(CONSUMER REPORTING AGENCY)

CASE NO.

Friend of the Court address

FAX no.

Telephone no.

Plaintiff name, address, and telephone no.

TO:

Payer

(This notice is for the payer. A copy is sent to the payee  
for his/her information only)

1. Date of notice: \_\_\_\_\_

2. The Office of the Friend of the Court has  
reviewed your files and determined there is an  
arrearage of:

Defendant name, address, and telephone no.

Arrearages reported are only those that can be  
reported according to the definition of support.3. ☐ a. Michigan law requires support information for payers with 2 or more months arrearage to be made available to a consumer reporting agency. Once your support information is reported, it will continue to be provided to the consumer reporting agency on a monthly basis until your support arrearage is eliminated.☐ b. The Friend of the Court has received a request from a consumer reporting agency for information regarding your support account. Under Michigan law, the Friend of the Court is required to provide current support information.4. Your support information **will be** reported to a consumer reporting agency unless you:a. pay the entire arrearage within **21 days** after the date this notice is sent. (applies only if item 3.a. above is checked)b. request a review within **21 days** after the date this notice is sent. You may request a review only if there is a mistake of fact about the amount of arrearage or the identity of the payer.

c. obtain an order exempting your support order from enforcement.

FRIEND OF THE COURT

☐ Check this box if you want to request a review.  
Then date and sign the request and return it to  
the friend of the court.

REQUEST FOR REVIEW

I request a review because

☐ a. I am not the payer named in the notice.☐ b. my arrearage is listed incorrectly. My arrearage is \$ \_\_\_\_\_.

Date

Signature